



Nicotine use and dependence and their association to psychiatric disorders in a large sample of adolescent psychiatric inpatients

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Abstract

The purpose of this research was to evaluate the level of nicotine dependence (ND) and to examine its association to psychiatric disorders in a representative clinical sample of adolescent psychiatric inpatients. The modified Fagerstrom Tolerance Questionnaire (mFTQ) was used to assess the level of ND. Psychiatric DSM-IV diagnoses were obtained by using the Schedule for affective disorder and schizophrenia for school-age children (K-SADS-PL). Of the total of 342 inpatients in the study sample, 259 (75.7%) reported to be current smokers. A sum score 6 or higher in the mFTQ, indicating a high level of ND, was found in 37.9% of all smokers. An increased likelihood for high level of ND was associated with substance related disorders (OR 5.1, 95% CI 2.8–

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9.3), conduct disorder and oppositional defiant disorders (OR 2.4, 95% CI 1.4–4.4). The usefulness of mFTQ in measuring ND among adolescent inpatients is apparent. Therefore, it can be recommended to be used as a routine screening instrument for ND among adolescents hospitalized due to psychiatric disorders.

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1. Introduction

Smoking in adolescents is a continuous public health concern. Psychiatric comorbidity is common in adolescent cigarette smokers, especially in those suffering from disruptive behavior, major depressive and substance related disorders (Brown, Lewinsohn, Seeley, & Wagner, 1996; Dierker, Avenevoli, Merikangas, Flaherty, & Stolar, 2001; Upadhyaya, Deas, Brady, & Kruesi, 2002). The association of psychiatric disorders to cigarette smoking and to nicotine dependence (ND) is, however, rarely been studied in adolescent psychiatric treatment settings, although studies addressing simultaneously ND and psychiatric disorders are warranted both from the psychiatric care and smoking prevention points of view (Upadhyaya et al., 2002).

There are many options available for measuring nicotine dependence, most of them developed for assessing dependence among adult smokers (Colby, Tiffany, Shiffman, & Niaura, 2000). The self-report measures on ND according to the Fagerström questionnaires are widely used in various study settings. The original 8-item Fagerström Tolerance Questionnaire (FTQ) was developed to measure the physical dependence on nicotine (Fagerstrom, 1978; Fagerstrom & Schneider, 1989). The items assess the time interval between waking up and the first cigarette, difficulty of refraining from smoking, what is the most satisfying cigarette in a day, the number cigarettes smoked, whether the subject smokes more heavily in the morning than in the rest of the day, continued smoking despite medical illness, nicotine level (brand) of cigarette, and frequency of inhalation. The FTQ was, however, designed for adults which have later produced several modifications of the instrument (c.f. Colby et al., 2000).

The derivatives differ from the original FTQ mainly with respect to categorization and scoring schema of items, wording of items, as well as the cut-off points to indicate the level of ND. Two most commonly used modifications for adolescents are the 7-item modified Fagerstrom Tolerance Questionnaire (mFTQ, Prokhorov, Pallonen, Faya, Ding, & Niaura, 1996) and the 6-item Fagerstrom Test for Nicotine Dependence (FTND) (Heatherton, Kozlowski, Frecker, & Fagerstorm, 1991). The mFTQ, particularly, was designed for adolescents with the goal of making the assessment of ND in adults comparable to the original FTQ for adults (Prokhorov et al., 1996). The item regarding the nicotine level of the cigarette brand was excluded from the mFTQ due to difficulties in obtaining reliable data from adolescents.

The aims of the present paper are (1) to evaluate the level of ND defined by the mFTQ in a clinical sample of adolescents treated in an inpatient setting for exacerbation of their psychiatric illness, and (2) to examine, whether the prevalence of ND according to the mFTQ differ between adolescent with DSM-IV diagnosed psychiatric disorders (substance use related disorders, conduct/oppositional defiant disorders, psychotic disorders, anxiety and affective disorders, and other psychiatric disorders).

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